

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO <h1>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h1> <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/551,547-Conf. #3635
				Filing Date	February 26, 2004
				First Named Inventor	Hiroyuki Hori
				Art Unit	1774
				Examiner Name	B. Shewareged
Sheet	2	of	2	Attorney Docket Number	217275-100907

[illegible]

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.